

The Guidance Center, Inc.
 2187 N. Vickey Street
 Flagstaff AZ 86004
 928-527-1899

All charges and negotiated rates are effective as of 03/01/2021

All current services provided by this hospital are listed below.

Any service listed without a payor rate indicates there is no contract or negotiated rate for that service for that payor.

Service Item	Service Item Description	Gross Charge	Discounted Cash Price	De-identified Maximum	De-identified Minimum	Health Choice Arizona (ACC, RBHA)	AHCCCS FFS	Care1st Arizona	Coconino County
0124	Psych Room And Board	\$1,560.00	\$1,560.00	\$1,224.59	\$775.57	\$1,224.00	\$816.39	\$1,224.59	\$1,224.00
0126	Detox Semi Private	\$1,560.00	\$1,560.00	\$1,224.00	\$702.88	\$1,224.00	\$739.87	\$1,109.80	\$1,224.00
0900	Ancillary Services	\$3.90	\$3.90	\$3.00	\$0.00	\$3.00	\$0.00	\$0.00	\$3.00
90791	Psych Diagnostic Eval	\$377.73	\$377.73	\$296.37	\$125.26	\$296.37	\$131.85	\$270.29	\$296.37
90792	Psych Diag Eval W/MD	\$377.73	\$377.73	\$301.86	\$139.89	\$285.63	\$147.25	\$301.86	\$285.63
90833	Psychotherapy W/EM 30min	\$173.34	\$173.34	\$140.16	\$64.95	\$136.01	\$68.37	\$140.16	\$136.01
90838	Psychotherapy W/EM 60min	\$381.80	\$381.80	\$299.56	\$108.13	\$299.56	\$113.82	\$233.33	\$299.56
90846	FAMILY PSYTX W/O PATIENT	\$260.91	\$260.91	\$217.16	\$100.63	\$204.71	\$105.93	\$217.16	\$204.71
90847	FAMILY PSYTX W/PATIENT	\$309.41	\$309.41	\$242.77	\$104.56	\$242.77	\$110.06	\$225.62	\$242.77
90887	CONSULTATION WITH FAMILY	\$187.85	\$187.85	\$163.26	\$75.66	\$147.39	\$79.64	\$163.26	\$147.39
90889	PREPARATION OF REPORT	\$182.00	\$182.00	\$142.80	\$57.32	\$142.80	\$60.34	\$123.69	\$142.80
99221	INITIAL HOSPITAL CARE	\$260.23	\$260.23	\$187.60	\$86.93	\$145.88	\$91.51	\$187.60	\$145.88
99222	INITIAL HOSPITAL CARE	\$309.87	\$309.87	\$253.44	\$117.45	\$243.13	\$123.63	\$253.44	\$243.13
99223	INITIAL HOSPITAL CARE	\$433.81	\$433.81	\$373.18	\$172.94	\$340.37	\$182.04	\$373.18	\$340.37
99231	SUBSEQUENT HOSPITAL CARE	\$92.96	\$92.96	\$72.94	\$33.60	\$72.94	\$35.37	\$72.51	\$72.94
99232	SUBSEQUENT HOSPITAL CARE	\$154.93	\$154.93	\$133.05	\$61.66	\$121.56	\$64.90	\$133.05	\$121.56
99233	SUBSEQUENT HOSPITAL CARE	\$223.46	\$223.46	\$192.25	\$89.09	\$175.33	\$93.78	\$192.25	\$175.33
99234	OBSERV/HOSP SAME DATE	\$288.50	\$288.50	\$246.12	\$114.06	\$226.36	\$120.06	\$246.12	\$226.36
99235	OBSERV/HOSP SAME DATE	\$380.34	\$380.34	\$311.31	\$144.27	\$298.42	\$151.86	\$311.31	\$298.42
99236	OBSERV/HOSP SAME DATE	\$433.81	\$433.81	\$401.12	\$185.89	\$340.37	\$195.67	\$401.12	\$340.37
99238	HOSPITAL DISCHARGE DAY	\$185.93	\$185.93	\$145.88	\$62.27	\$145.88	\$65.55	\$134.38	\$145.88
99239	HOSPITAL DISCHARGE DAY	\$371.84	\$371.84	\$291.75	\$91.25	\$291.75	\$96.05	\$196.90	\$291.75
99251	INPATIENT CONSULTATION	\$192.79	\$192.79	\$97.25	\$42.54	\$97.25	\$44.78	\$91.80	\$97.25
99252	INPATIENT CONSULTATION	\$247.90	\$247.90	\$194.50	\$64.43	\$194.50	\$67.82	\$139.03	\$194.50
99253	INPATIENT CONSULTATION	\$340.85	\$340.85	\$267.43	\$99.57	\$267.43	\$104.81	\$214.86	\$267.43
99254	INPATIENT CONSULTATION	\$495.78	\$495.78	\$389.00	\$144.88	\$389.00	\$152.51	\$312.65	\$389.00
99356	PROLONGED SERVICE, INPATIENT	\$371.84	\$371.84	\$291.75	\$78.92	\$291.75	\$83.07	\$170.29	\$291.75
99357	PROLONGED SERVICE, INPATIENT	\$185.93	\$185.93	\$171.63	\$79.53	\$145.88	\$83.72	\$171.63	\$145.88
99358	PROLONGED SERV, W/O CONTACT	\$371.84	\$371.84	\$291.75	\$95.26	\$291.75	\$100.27	\$205.55	\$291.75
99359	PROLONGED SERV, W/O CONTACT	\$185.93	\$185.93	\$145.88	\$46.55	\$145.88	\$49.00	\$100.45	\$145.88

CONTINUED...

Service Item	Service Item Description	UHC-Optum	Blue Cross-Blue Shield AZ	Mercy Care (ACC, DDD, RBHA, ALTCS)	Medicare A	Health Choice Generations	WellCare	Mercy Care Advantage
0124	Psych Room And Board	\$816.39	\$1,200.00	\$775.57	IPPF-DRG	IPPF-DRG	IPPF-DRG	IPPF-DRG
0126	Detox Semi Private	\$739.87	\$1,200.00	\$702.88	IPPF-DRG	IPPF-DRG	IPPF-DRG	IPPF-DRG
0900	Ancillary Services	\$0.00	\$3.00	\$0.00	0	0	0	0
90791	Psych Diagnostic Eval	\$131.85	\$187.58	\$125.26	0	0	0	0
90792	Psych Diag Eval W/MD	\$147.25	\$213.80	\$139.89	0	0	0	0
90833	Psychotherapy W/EM 30min	\$68.37	\$83.41	\$64.95	0	0	0	0
90838	Psychotherapy W/EM 60min	\$113.82	\$166.81	\$108.13	0	0	0	0
90846	FAMILY PSYTX W/O PATIENT	\$105.93	\$125.76	\$100.63	0	0	0	0
90847	FAMILY PSYTX W/PATIENT	\$110.06	\$137.96	\$104.56	0	0	0	0
90887	CONSULTATION WITH FAMILY	\$79.64	\$107.42	\$75.66	0	0	0	0
90889	PREPARATION OF REPORT	\$60.34	\$107.42	\$57.32	0	0	0	0
99221	INITIAL HOSPITAL CARE	\$91.51	\$117.08	\$86.93	0	0	0	0
99222	INITIAL HOSPITAL CARE	\$123.63	\$158.25	\$117.45	0	0	0	0
99223	INITIAL HOSPITAL CARE	\$182.04	\$233.78	\$172.94	0	0	0	0
99231	SUBSEQUENT HOSPITAL CARE	\$35.37	\$45.51	\$33.60	0	0	0	0
99232	SUBSEQUENT HOSPITAL CARE	\$64.90	\$83.33	\$61.66	0	0	0	0
99233	SUBSEQUENT HOSPITAL CARE	\$93.78	\$120.22	\$89.09	0	0	0	0
99234	OBSERV/HOSP SAME DATE	\$120.06	\$154.17	\$114.06	0	0	0	0
99235	OBSERV/HOSP SAME DATE	\$151.86	\$195.29	\$144.27	0	0	0	0
99236	OBSERV/HOSP SAME DATE	\$195.67	\$251.53	\$185.89	0	0	0	0
99238	HOSPITAL DISCHARGE DAY	\$65.55	\$83.79	\$62.27	0	0	0	0
99239	HOSPITAL DISCHARGE DAY	\$96.05	\$124.04	\$91.25	0	0	0	0
99251	INPATIENT CONSULTATION	\$44.78	\$117.78	\$42.54	0	0	0	0
99252	INPATIENT CONSULTATION	\$67.82	\$138.42	\$64.43	0	0	0	0
99253	INPATIENT CONSULTATION	\$104.81	\$159.05	\$99.57	0	0	0	0
99254	INPATIENT CONSULTATION	\$152.51	\$197.33	\$144.88	0	0	0	0
99356	PROLONGED SERVICE, INPATIENT	\$83.07	\$107.01	\$78.92	0	0	0	0
99357	PROLONGED SERVICE, INPATIENT	\$83.72	\$107.01	\$79.53	0	0	0	0
99358	PROLONGED SERV, W/O CONTACT	\$100.27	\$129.98	\$95.26	0	0	0	0
99359	PROLONGED SERV, W/O CONTACT	\$49.00	\$62.53	\$46.55	0	0	0	0